



Margaret Howell <MHowell@afphq.org> on 07/15/2014 02:35:10 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc:

Subject: FEC Form 9

Attached please find an FEC Form 9 from Americans for Prosperity. Thanks,

Margaret Howell
Senior Associate Counsel
Americans for Prosperity
p: 703-224-3264 | m: 571-302-1958
mhowell@afphq.org



FEC Form 9 7_15_14.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Americans for Prosperity

(b) Address (number and street) ☐ check if different than previously reported

2111 Wilson Blvd. Suite 350

(c) City, State and ZIP Code

Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C30001051

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

07 / 11 / 2014

through

07 / 15 / 2014

5. (a) Date of Public Distribution(s)

07 / 15 / 2014

(b) Communication Title "Pompeo Represents US"

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐

No ☐

8. Custodian of Records

(a) Name

Robert Heaton

(b) Address (number and street)

2111 Wilson Blvd. Suite 350

(c) City, State and ZIP Code

Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

Americans for Prosperity

(e) Occupation

CFO

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

409,225.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Victor Bemson

SIGNATURE



DATE

7/15/14

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE OF
2 4

11. Person(s) Sharing/Exercising Control

| | | |
|-----------|--|---|
| A. | (a) Name Tim Phillips | |
| | (b) Address (number and street) 2111 Wilson Blvd. Suite 350 | |
| | (c) City, State and ZIP Code Arlington, VA 22201 | |
| | (d) Name of Employer or Principal Place of Business Americans for Prosperity | (e) Occupation President |
| B. | (a) Name Luke Hilgemann | |
| | (b) Address (number and street) 2111 Wilson Blvd. Suite 350 | |
| | (c) City, State and ZIP Code Arlington, VA 22201 | |
| | (d) Name of Employer or Principal Place of Business Americans for Prosperity | (e) Occupation COO |
| C. | (a) Name Robert Heaton | |
| | (b) Address (number and street) 2111 Wilson Blvd. Suite 350 | |
| | (c) City, State and ZIP Code Arlington, VA 22201 | |
| | (d) Name of Employer or Principal Place of Business Americans for Prosperity | (e) Occupation CFO |
| D. | (a) Name Victor Bernson | |
| | (b) Address (number and street) 2111 Wilson Blvd. Suite 350 | |
| | (c) City, State and ZIP Code Arlington, VA 22201 | |
| | (d) Name of Employer or Principal Place of Business Americans for Prosperity | (e) Occupation VP & General Counsel |
| E. | (a) Name | |
| | (b) Address (number and street) | |
| | (c) City, State and ZIP Code | |
| | (d) Name of Employer or Principal Place of Business | (e) Occupation |

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

| | |
|---|---|
| <p>A. Full Name of Donor</p> <p>_____</p> <p>Mailing Address of Donor</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> | <p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____</p> |
| <p>B. Full Name of Donor</p> <p>_____</p> <p>Mailing Address of Donor</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> | <p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____</p> |
| <p>C. Full Name of Donor</p> <p>_____</p> <p>Mailing Address of Donor</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> | <p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____</p> |
| <p>D. Full Name of Donor</p> <p>_____</p> <p>Mailing Address of Donor</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> | <p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____</p> |
| <p>E. Full Name of Donor</p> <p>_____</p> <p>Mailing Address of Donor</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> | <p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____</p> |
| <p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>_____</p> <p>TOTAL This Period (last page this line number only) ▶</p> <p>(carry total from last page to Line 9)</p> | |
| <p>0.00</p> <p>0.00</p> | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

| | | | | | | | | | | | | | | |
|---|------------|--|--|--|-------|----------|------------|----|-------|------------------|------------|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee Smart Media Group, LLC <hr/> Mailing Address of Payee 1427 Leslie Ave. Suite 100 <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22301</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer</td> <td style="width: 33%;">Occupation</td> <td style="width: 33%;"></td> </tr> </table> | | | | City | State | Zip Code | Alexandria | VA | 22301 | Name of Employer | Occupation | | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">07 / 11 / 2014</div> <hr/> Amount <div style="border: 1px solid black; padding: 2px;">350862.62</div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px;">07 / 15 / 2014</div> | |
| City | State | Zip Code | | | | | | | | | | | | |
| Alexandria | VA | 22301 | | | | | | | | | | | | |
| Name of Employer | Occupation | | | | | | | | | | | | | |
| Purpose of Disbursement (Including title(s) of communication(s)) Production and placement of TV ad ("Pompeo Represents US") | | | | | | | | | | | | | | |
| Name of Federal Candidate Mike Pompeo | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>KS</u> District: <u>04</u> | | Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | | | | | | | | | | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | | | | | | | | | | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) of Payee Smart Media Group, LLC <hr/> Mailing Address of Payee 1427 Leslie Ave. Suite 100 <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22301</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer</td> <td style="width: 33%;">Occupation</td> <td style="width: 33%;"></td> </tr> </table> | | | | City | State | Zip Code | Alexandria | VA | 22301 | Name of Employer | Occupation | | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">07 / 11 / 2014</div> <hr/> Amount <div style="border: 1px solid black; padding: 2px;">58362.38</div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px;">07 / 15 / 2014</div> | |
| City | State | Zip Code | | | | | | | | | | | | |
| Alexandria | VA | 22301 | | | | | | | | | | | | |
| Name of Employer | Occupation | | | | | | | | | | | | | |
| Purpose of Disbursement (Including title(s) of communication(s)) Production and placement of radio ad ("Pompeo Represents US") | | | | | | | | | | | | | | |
| Name of Federal Candidate Mike Pompeo | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>KS</u> District: <u>04</u> | | Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | | | | | | | | | | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | | | | | | | | | | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | | | | | | | | | | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) | | | | <div style="border: 1px solid black; padding: 2px;">409,225.00</div> | | | | | | | | | | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 10) | | | | <div style="border: 1px solid black; padding: 2px;">409,225.00</div> | | | | | | | | | | |

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

| | |
|--|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| Next Business Day Delivery | <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input checked="" type="checkbox"/> Other (Specify): <i>E-mail</i> | Date of Receipt or Postmarked <i>7/15/2014</i> |
| <i>JB</i> PREPARER (8/2013) | <i>7/15/2014</i> DATE PREPARED |